

City of Kansas City, Mo.
Neighborhood and Community Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106

(816) 784-9000

Liquor license application

| Applicant's name | | | | | |
|--|--|---|--|--|--|
| DBA business na | me | | Phone | | |
| Business address | | | | | |
| | | Street | City | State ZIP | |
| Applying as a | [] sole owner | [] corporation | [] limited liability company | [] partnership | |
| 1. What is the bu | siness type? [] res | taurant [] tavern [] other | er | | |
| 2. Proposed days | and hours of opera | ation | | | |
| 3. The business v | will provide the foll | owing [] breakfast [|] lunch [] dinner [] not ap | plicable | |
| [] change in ov [] original liqu [] Sunday liqu | wnership of an exist or license [] or license [] | expansion of premises sidewalk café (restaurant/b | ss (If there are no licensing changes, pr [] DBA name change [] transpar only) [] chan ed hours (3 a.m.) liquor permit (reta | fer of location ge of managing officer | |
| [] annual cater | ing permit [] | wholesaler [] other _ or each item checked above — | see the corresponding checklist for the | listed application fee (if any) | |
| [] full retail sale [] full retail sale [] full retail sale [] full liquor must be sale [] full liquor must be sale sale sale sale sale sale sale sal | les-by-drink es-by-drink specialt les-by-package nanufacturer ring for a package I lying for a retail sall by-drink (80% alcohoy-drink combination lying for a Sunday by-drink Sunday lying for an extendat by-drink business tertainment to be [] pool tall [] DJ | y [] malt liquor sales-b [] full liquor wholesa [] beer manufacturer icense, do you also want a es-by-drink license, please tool sales must be from sales on (60% of alcohol sales m license, please indicate the [] Retail sales-by ed hour's permit, please in [] Retail sales-by provided. If you are applying the [] darts | ine sales-by-drink (14% alcohol or y-package (5% alcohol or less - Sun ler [] beer wholesaler [] wine manufacturer [] tasting license? [] yes [] no sindicate the classification s by drink – 20% or less from package sust come from sales by drink – 40% elicense type repackage Sunday [] not applied dicate business type redrink convention hotel/motel [] ing for a change in entertainment, if [] pinball [] jukebox ancers (must have zoning clearance | day license included) [] wine wholesaler [] microbrewery [ge) [or less from package) [cable [] not applicable [] dancing/dance hall | |
| Outdoor enter | tainment provided | l: []DJ []live music | [] dancing [] other | | |
| which is capab | ole of being played b | by the insertion therein of mo | ore than one coin, disc or other inserting the number of free plays or free games | on piece, or operated thereby | |
| Total number | of billiard/pool tal | oles Total num | ber of all <i>other</i> coin-operated am | isement devices | |
| 10. Interior occup | pant capacity | Exterior occupan | t capacity (if used for customer seat | ing) | |
| 11. Interior squar | re feet | Exterior square feet | how many <i>total</i> floors | will be licensed? | |
| Will one or i | more exterior patio | (s) be licensed? [] yes [|] no Location(s) (circle) north | south east west | |
| Will one or a | more exterior deck | s) he licensed? [] ves [| lno Location(s) north south | east west roof | |

| _ | This section ONLY: Current licensees please wr | • • | stion where applicable | | | | |
|----|---|---|------------------------|--|--|--|--|
| | How many off-street parking spaces are available to the l | | | | | | |
| | In which City Council District will the business be locate | | | | | | |
| | Is the proposed location within 300 feet of a church or so | • | | | | | |
| | Managing officer's name | | | | | | |
| | Home phone Work phone | Mobile | e phone | | | | |
| | AddressStreet | City | State ZIP | | | | |
| | Do you now employ or intend to employ any person who | • | | | | | |
| | If yes, give details | | | | | | |
| 7. | Do you own or intend to purchase this business? [] yes [] no If yes, provide the following information | | | | | | |
| | Date of purchase Purchase price \$ | | | | | | |
| 3. | • | - | | | | | |
| | | Do you rent or lease the premise? [] yes [] no If yes, provide the following information Landlord's name | | | | | |
| | | • | - | | | | |
| | AddressStreet | | State ZIP | | | | |
| | Monthly rent or lease payment amount \$ | Term of rent or lease agree | ement | | | | |
| €. | Property owner's name | | | | | | |
| | AddressStreet | | | | | | |
| | | information | State ZI | | | | |
| ` | | | | | | | |
| | Total investment amount to set up the proposed business | | | | | | |
| | Source of funds | | 1 | | | | |
| | List the names of all person(s), firms or corporations that | • | • • | | | | |
| | this business and indicate amounts | | | | | | |
| 2. | Does or will the former owner have any interest, directly | | | | | | |
| | If yes, give details | | | | | | |
| 3. | Does your landlord have any interest, directly or indirect | ly, in this business? [] yes | [] no [] n/a | | | | |
| | If yes, give details | | | | | | |
| | List all corporations, limited liability companies and partnerships for which you and all owners of this business (the members of the corporation, LLC or partnership) are members or are directly or indirectly involved | | | | | | |
| | / | // | | | | | |
| | / | // | | | | | |
| | / | / | | | | | |
| | | | | | | | |
| | If the business is a corp o | oration, complete this section | | | | | |
| | Name of corporation | | | | | | |
| 5. | | Date of incorporation | | | | | |
| 5. | State of incorporation | _ Date of incorporation | | | | | |

| 27. | List the names with the number of shares and percentages held by each stockholder who holds 10 percent or more of the capital stock (attach additional sheet if needed) | | | | |
|-----|---|--|--|--|--|
| | | | | | |
| | If the business is a limited liability company , complete this section | | | | |
| 28. | Name of limited liability company | | | | |
| 29. | State of organizationDate of organization List the names of all members and percentages of each LLC member's interest (attach additional sheet if needed) | | | | |
| | | | | | |
| | If the business is a partnership , complete this section | | | | |
| 30. | List names of general and limited partners, and the number of units owned by each (attach additional list if necessary) | | | | |
| | | | | | |
| age | distiller, wholesaler, winemaker, brewer or supplier of coin-operated amusement devices or the employees, officers or ents thereof have any financial interest in the business and I will not accept from any such person(s), equipment, money, dit or property of any kind except ordinary commercial credit for liquor sold. | | | | |
| | is application is not being made as a subterfuge to allow a person, other than myself, to obtain a license to sell alcoholic verages in my name for his or her benefit. | | | | |
| | gree to promptly report any changes in the information provided with this application to the director of the Neighborhood Community Services Department. | | | | |
| his | athorize and consent to the examination, by the director of the Neighborhood and Community Services Department and/or authorized representatives, of my business books, bank accounts and other records to verify the source of funds and terms ler which this business is being purchased. | | | | |
| _ | gree to allow the director of the Neighborhood and Community Services Department and/or authorized representatives to iduct necessary investigations into financial and possible criminal records at banks and police agencies respectively. | | | | |
| sea | ill at all times permit the entry of any officer or investigator who may have legal authority of the purpose of inspection or rch, and will permit the removal of all things and articles that may be in violation of the ordinances of the City of Kansas y, Mo., and the laws of the State of Missouri. | | | | |
| Mo | ave familiarized myself with the provision of Chapters 10 and 50, code of general ordinances of the City of Kansas City, and agree to comply with these provisions in the conduct of this business and I will not violate any of the ordinances of city, the laws of the state or the laws of the United States in the conduct of the business. | | | | |
| | , being of lawful age and duly sworn upon my oath, declare I have read the application and fully understand same and that I know the contents thereof and the answers and tements contained therein and the same are true. | | | | |
| | Applicant's signature Date | | | | |

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

| I | NVESTIGATOR | | |
|---|------------------------------|---------|--|
| Date case completed | ceived | | |
| Date of location check | Date of density study | | |
| Date notifications sent | Date consent forms issued | | |
| Application recommended for: [] Approval | [] Disapproval | Date: | |
| Reason(s) for recommendation of disapproval of a | pplication / license (if any |) | |
| | | | |
| | | | |
| Contingency and other items needed prior to issua | | | |
| | / | | |
| License recommended for [] Approve | | | |
| License recommended for: [] Approval | [] Disapprovai | Date: | |
| Regulated Industries Division investigator | · | | |
| INVE | STIGATIONS SUPERV | ISOR | |
| Application recommended for: [] Approval | [] Disapproval | Date: | |
| License recommended for: [] Approval | [] Disapproval | Date: | |
| Comments: | • • • • | | |
| Comments. | | | |
| | | | |
| Regulated Industries Division investigations su | pervisor | | |
| | ASSISTANT MANAGEI | | |
| Application recommended for: [] Approval | [] Disapproval | Date: | |
| | [] Disapproval | Date: | |
| | | | |
| Comments: | | | |
| | | | |
| Regulated Industries Division assistant man | ager | | |
| | MANAGER | | |
| This application & license is hereby [] App | | | |
| | | | |
| Comments: | | | |
| | | | |
| Regulated Industries Division manager | | | |